

NEW JERSEY DIVISION OF **Fish and Wildlife**Marine Fisheries Administration

APPLICATION FOR NON-COMMERCIAL CRAB POT LICENSE

APPLICATION FEE: \$2.00

Trenton, NJ 08625-0400

Calendar Year			
Name:			
Address:			
City:		State:	Zip:
Date of Birth:	Height:		Weight:
Eye Color:	Hair Colo	r:	Sex:
	Phone No		
Required B	y Public Law	1998 C1)	
Signature:	Date:		
Please make check or money or	der payable t	o: STAT	E OF NEW JERSEY
Completed applications can only	y be sent to or	ne of the t	hree offices listed below:
NJ F&W – Crab Pot Lic.		NJ – 1	F&W – Crab Pot Lic.
PO Box 418	OR	PO B	ox 432
Port Republic, NJ 08241-0418		Port 1	Norris, NJ 08349-0432
NJ F&W – Crab Pot Lic.			
PO Box 400			